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The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

Amirhosein Farasati¹ , Mahmoud Vaezi² 

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Abstract

The theology of health is a nascent field that emerged from Western academia a few decades ago and has since entered the Islamic and Eastern worlds. While this area of knowledge primarily focuses on the relationship between religion and the various dimensions of human health, it has deep roots in celestial religions and is not confined to contemporary research. A historical review spanning many centuries reveals a widespread belief in the strong connection between religion and human well-being, as well as the use of religious guidance to seek healing from illnesses. Moreover, healing was often considered one of the roles and duties of religious scholars, and in their view, recovery was dependent on supernatural forces. This study provides a brief historical account of the interaction between the three religions—Judaism, Christianity, and Islam—and the dimensions of health from their beginnings to the present. The aim is to make the legacy of the past accessible to contemporaries and to serve as a guide for deeper, future research. Using a descriptive-analytical method and drawing on library resources, this study demonstrates that the theology of health in the Abrahamic religions shared a relatively common historical background. Religious guidance was used to maintain and improve health, and religious

1 . Ph.D. student in Qur'an and Hadith Studies, Faculty of Theology, University of Tehran, Tehran, IRAN (**Corresponding Author**). amirhoseinfarasati76@gmail.com

2 . Associate Professor, Department of Qur'an and Hadith Studies, Faculty of Theology, University of Tehran, Tehran, IRAN. mvaezi@ut.ac.ir

The Theology of Health in the Three Abrahamic Religions: A Brief

Historical Overview

figures were engaged in healing matters. However, this connection was severed during the Renaissance and was only re-established in the last half-century.

Keywords: Theology of Health, Theology of Abrahamic Religions, Religion and Health, Comparative Study of Religions.

Introduction

Over the last few decades, a new connection has formed between health and religion within the framework of biblical theology, leading to a large body of scientific literature on the subject. In recent years, studies on the theology of health have also found their way into Islamic academic circles, with widespread efforts to utilize Quranic and narrative sources to improve public health. This has become even more apparent with the onset of the COVID-19 pandemic, where human and Islamic science specialists, in addition to medical and healthcare professionals, have sought prevention and treatment methods. This has also prompted groups advocating for "Islamic medicine" to offer their own solutions.

The theology of health, which is expanding today and is considered an applied branch of theology, has a long history in both celestial and even terrestrial religions. The belief in the mutual influence of religion and health has been prevalent among people for thousands of years and was accepted by Jews, Christians, and Muslims. Although this belief was almost forgotten during a period of history marked by the rise of secularism, which pitted empirical science against the Christian faith and led to negative growth in

Amirhosein Farasati, Mahmoud Vaezi

parts of the world, it re-emerged with the clinical trials of a group of researchers, giving rise to the current nascent literature.

Despite the numerous studies on the connection between various religious concepts and different dimensions of human health, and the assessment of their mutual effects, there remains an urgent need for a historical overview of this scientific field. A more precise understanding of its history can help us access the legacy left by our predecessors and benefit from it for future research. A search of academic databases indicates a scarcity of relevant articles. Writings such as "A Comparative Study of Faith in Islam and Christianity and its Effect on Health" by Alireza Azhdar and Mohammad Mahdi Ahmadi Faraz (2013 AD/1392 SH), which only addresses a single doctrine, or "Hamedan's Jewish Physicians and Their Role in the Development of Medicine in This City: From the Late Qajar to the End of the Pahlavi Era" by Reza Karami (2021 AD/1400 SH), which is limited to a short timeframe, are rare examples that have provided a historical overview of the theology of health.

Nonetheless, this article is innovative because it focuses on the history of health in the three Abrahamic religions. It aims to bridge parts of the similar histories of these religions to pave the way for comparative studies and advance further research in the field of the theology of health in religions. This research seeks to answer the following questions and briefly explain them in three separate sections:

1. What is the history of the theology of health in Judaism?
2. What have been the interactions of Christians with their religion from the past to the present?

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

3. What is the history of medicine in the Islamic world and what has its journey been?

This research, using a descriptive method and relying on library resources, attempts to answer these questions and provides a short analysis of this comparative study at the end.

1. Jewish Theology of Health

This section of the study provides an overview of the Jewish theology of health. This title refers to the historical relationship between the Jewish religion and healthcare, and the intersection between Jewish religious scholars and the health of their people. The following is based on the works and writings of Western (mainly Jewish) scholars and researchers, and does not necessarily imply the author's definitive acceptance of their views.

Throughout Jewish history, the followers of this religion have always been in favor of medicine. The dominant trend in this tradition has placed special value on human life and health, encouraging people to maintain them and promoting authentic medical treatment alongside faith in the Almighty. It has also rejected any kind of duality or competition between the body and the soul, emphasizing that the elevation of the soul is possible only with a healthy body. Thus, the study of Judaism and medicine is not a contemporary phenomenon; the history of traditional Jewish medicine dates back to Mount Sinai [the revelation to Prophet Moses] and is still followed by its adherents (Rosner, 2013: 35).

According to some researchers, most Jews—based on their religious teachings—have a positive view of medical treatments. For example, the Torah states that the cost of treating an injured person must be borne by the

Amirhosein Farasati, Mahmoud Vaezi

one who caused the injury (Exodus 21:19), and self-care is recommended (Deuteronomy 4:15). Therefore, opponents who, citing certain verses (Exodus 15:26), believe that healing is exclusively God's domain, have been a minority group (Silberman, 2017). Furthermore, the two sections of **Tazria**¹ (Leviticus, chapters 12 and 13) and **1 M'tzora**² (Leviticus, chapters 14 and 15) from the Torah are among the most prominent examples that reveal the connection between Judaism and medicine, attributing certain skin diseases to people's sins. They also propose religious solutions for purification from certain physical impurities, such as offering sacrifices and seeking the help of a priest, which indicates a close link between religion and the physical health of Jews.

It must also be emphasized that healing (מַרְפֵּה / marpeh) in the Bible is achieved through the fear of God (Proverbs 3:7-8) and obedience to the Almighty God (Proverbs 4:20-22). And while the profession of a physician (רֹפֵא / rophe) was known in that era, this word was used more as a metaphor for the power of God than to give a worldly, literal meaning (Hezser, 2023: 1).

Generally, it can be said that in Jewish thought, every illness is, in fact, a reflection of a spiritual ailment. Therefore, a spiritual diagnosis focuses more on the missing element in a person's well-being than on the patient's possessions (Kestenbaum, 1997: 210). Perhaps this is why some historians believe that in Judaism, everything from food to treatment and personal hygiene had a religious aspect. For example, the Book of Leviticus pays special attention to setting laws regarding the treatment of sexually

1. Parashat Tazria = פְּרִשַׁת תַּזְרִיעַ

2. Parashat M'tzora = פְּרִשַׁת מִצְרָע.

The Theology of Health in the Three Abrahamic Religions: A Brief**Historical Overview**

transmitted diseases and provides strict recommendations in this regard (Durant, 1958 AD/1337 SH: 1, 386). Although ancient Jews are known as the founders of disease prevention laws (Garrison, 1929: 67), they knew nothing of surgery except for circumcision. This religious tradition—which was common among early Egyptians and later Semites—was not just a sacrifice to God or a requirement to show racial loyalty, but above all, a command to prevent diseases related to sexual organs (Durant, 1958 AD/1337 SH: 1, 386).

Most of the knowledge related to traditional Jewish medicine is said to come from one of the two parts of the Talmud,¹ namely the Babylonian and Palestinian Gemara, which were written in the late fourth and early fifth centuries AD. This means that no Hebrew medical text from the biblical era has survived; although the medical recommendations of the Torah regarding diseases are a unique case from 2500 years ago (Dubovsky, 1989 (a): 27). However, the Talmud provides a broader picture of Hebrew medicine. One of its recurring principles is physical cleanliness as a religious duty that leads to spiritual purity. Other examples include recommendations for washing hands before eating, dividing the stomach's capacity into three parts for food, water, and air, and eating two meals a day (cf. Cohen, 1949: 238-246). In a sense, Jews followed the rule of the Talmud, and the Talmud gives so much importance to medicine that it forbids living in a city without a doctor (Efron, 2004: 140).

But returning to the Old Testament, it is worth noting that the equivalent of the word health in it, bari'ut (בריאות), (from the root ברא) appears only

1. Gemara = גמרא

Amirhosein Farasati, Mahmoud Vaezi

twice in this book, and that too is related to Pharaoh's [dream] (Genesis 14:5 and 18). From here, it seems that health was related to the natural state of humans, while for the ancestors of the Israelites, the word shalom (שלום), (meaning well-being), referred to a suitable physical (and spiritual) state (Genesis 29:6). Therefore, the restoration of divine well-being was related to a time in the afterlife (Isaiah 58:8).

In addition to the above, Jewish scholars believe that the religious canon of this religion contains much information about anatomy, physiology, and the etiology of diseases; as the Torah, Talmud, and Midrash contain recommendations on longevity, the danger and prevention of diseases, mental health, well-being, and healing. This collection, which forms "Hebraic medicine," is a parallel to the Chinese, Islamic, and Indian medical traditions. On the other hand, a number of Torah commentators in the Middle Ages were physicians, and the prominent medical figures of that time—who wrote from both religious and secular perspectives—were known to have had high Jewish education (Levin & Prince, 2011: 768).

In Jewish history, the diagnosticians of both mental and physical illnesses were originally the same—the priest. However, over time, this separation occurred, and they were divided into two categories: physicians and rabbis. The most famous of these dual figures in the Talmud are Mar Samuel and the physician Todos. In the Middle Ages, a number of prominent rabbinic physicians such as Moses Maimonides and his son Abraham, Nachmanides, and Judah Halevi lived. Furthermore, the reason many Jews were engaged in medicine was that almost all other professions were closed to them by papal decree or due to antisemitism, and only in the last two or three

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

centuries did banking and trade also become available to them (Rosner, 2013: 35-36).

It must be added that special attention to medicine, as well as to physical health and well-being, was one of the most common topics in Jewish texts of the Hellenistic era. In fact, since the time of Plato and Aristotle and later when Greek thinkers discussed at length topics such as health, its importance for happiness and contemplation, and ways to promote it, despite their completely different understanding of this concept (Hezser, 2023: 3-4), the Greek medical and philosophical tradition, alongside the principles of the Old Testament, formed the basis of discussions related to health in the Jewish texts of that era and beyond. An example of this can be seen in the works of Philo of Alexandria, a Jewish thinker of that era (Hezser, 2023: 8).

After the ancient era, another period in the history of Jewish religious medicine can be mentioned, which is between the Islamic conquests and the Renaissance in Europe. According to Jewish historians, Jewish medicine experienced a brilliant period in the Islamic world. Jewish physicians, who were knowledgeable in the scientific languages of the time—namely Latin, Arabic, Greek, and Hebrew—were the main transmitters of Greek medicine to Muslims and Arabic (Islamic) medicine to Europe during their migrations. During this period, some Jewish physicians served European kings and high-ranking church officials. But in the thirteenth century AD, a great effort was made to prevent Jews from learning medicine by issuing church decrees, and they could not even seek advice from Christians on this matter. However, after the sixteenth century, when the Church gradually lost its power, Jews were able to return to academia after several centuries and,

Amirhosein Farasati, Mahmoud Vaezi

with the help of Greek and Roman sciences, gain a prominent scientific position in medieval Europe (Dubovsky, 1989 (a): 28).

It was during this medieval period that a new medical literature known as the "Regimen Sanitatis" emerged. An example of this is a book by Ibn Maimun on the subject, which was authored at the request of the then king of Egypt, *Afḍal Nūr al-Dīn Ali*, in the twelfth century AD, and was translated into Hebrew several times a century later. As a Jewish philosopher and physician, he tried to build a bridge between the world of medicine and Talmudic studies. Of course, the focus of such works was not on healing the sick, but on preserving health, and their history dated back to the famous Persian physician, Ibn Sina, who considered medicine and hygiene as complementary to each other. Another notable example on this topic is a similar book by Ibn Zuhr, which can be indicative of the close [scientific] relationship between Muslim and Jewish doctors in the Middle Ages (Hezser, 2023: 11-12). It is noteworthy that this book was translated into a Roman language by a Jewish physician and read to a Christian surgeon so that he could write it in Latin (McVaugh, Bos, & Shatzmiller, 2019: vii).

But moving beyond the Middle Ages and with the emergence of a free scientific environment in the Enlightenment era, European universities opened their doors to Jews, but they were limited to fields that were usually not attractive to non-Jews—such as dermatology, psychiatry, neurology, pediatrics, and venereology. Despite this, they specialized in these fields and made discoveries that sometimes earned them a Nobel Prize (Dubovsky, 1989 (b): 67). In any case, what is important regarding the theology of health in the contemporary Jewish context is a brief review of the approaches and achievements in this field, which is as follows.

The Theology of Health in the Three Abrahamic Religions: A Brief

Historical Overview

Contemporary Jewish works on health and healing emphasize various topics, some of which relate to non-religious matters from a theological, ethical, and sacred text perspective. Some believe that the rediscovered legacy of Jews regarding health and healing is built on the Jewish tradition but is highlighted by a new feature that has emerged as a result of the exploration of individual and specialized spirituality, demographic changes, and the feminist movement. These works specifically revolve around four main axes:

1. A considerable and well-established body of literature examines the relationship between Halakha (Jewish law) and bioethics, looking at the dimensions of Halakha in the field of healthcare and healing from an awareness-building perspective for clinical decision-making.
2. There are continuous dialogues about care by Jewish clergy and public health services. Also, academic works on topics related to Jewish health in the fields of Jewish spirituality and geriatric diseases have increased with the establishment of those fields, which include descriptions of spiritually-based clinical approaches for adults.
3. Jewish aging is one of the topics that has seen rapid growth in attention, such as studies including interpretive and epidemiological analysis and research in the areas of public services, social demography, and theological ethics.
4. A growing body of literature focuses on Jewish approaches to health and well-being and includes books that deal with spiritual growth, mindfulness, and meditation. This axis also includes academic

Amirhosein Farasati, Mahmoud Vaezi

research on healing, theological and practical guidance for rabbis on meditation as a means of gaining spiritual insight and deepening devotional life, as well as the perspective of Kabbalah (Jewish mysticism) on psychology and healing (Levin & Prince, 2011: 768-769).

At the end of this section, a practical example of the movements related to the theology of health in Judaism is mentioned. In the early 1990s, the Jewish Healing Movement was formed under the leadership of non-clerical specialists and leaders who acknowledged that many Jews no longer had proper access to the spiritual and public support that had protected previous generations from illness and death. They benefited from Jewish intellectual sources that speak of religious tradition and the origin of peace and comfort. Following this movement, Jewish healing centers emerged in America. The programs of these centers spread to monasteries, which had a special emphasis on teaching health-related matters (such as bioethics and Jewish meditation) in various formats (such as classes and workshops), and many people attended them for healing prayers. This movement then expanded to include services and resources to combat the alienation from spirituality caused by the increasing fascination with technophilia and materialism in society. Of course, this movement, which was supported by both Jewish clergy and non-clergy, also faced the challenge of whether its [healing] initiatives were compatible with Halakha and considered Kashrut (Levin & Prince, 2011: 769-770).

As a prime example of the achievements of the mentioned movement, one can point to the Kalsman Institute on Judaism and Health, which was founded in 2000 by Rabbi William Cutter. It conducts research related to

The Theology of Health in the Three Abrahamic Religions: A Brief

Historical Overview

this field and strives to provide a scientific basis for creating a community of researchers and promoting theoretical and practical research in the said field (Levin & Prince, 2011: 711).

2. Christian Theology of Health

The same as what happened in the Jewish theology of health also occurred in the context of Christianity. This means that a close connection existed between this celestial religion and health and healing from the perspective of its followers, and many interactions have taken place between the two throughout history. What follows is taken from the book "Handbook of Religion and Health," which has been considered the most important scientific work in this field to date and has received the most citations (Koenig, King, & Carson, 2012: 15-34).

After the authors of this book discuss the relationship between religion and health from the earliest times of the presence of Homo sapiens on this planet to the Greek era and refer to religion-oriented medicine, they arrive at the time of the emergence of Jesus Christ and write: After that period, Christ (PBUH) focused on the doctrine of suffering and healing for all humanity but did not make a clear distinction between healing the body and the mind. Early Christians considered illness, whether it was a product of sin or not, to be treatable with prayer (James 5:14). They were enemies of physicians, especially since they had witnessed the healing miracles of Jesus Christ (PBUH) and his disciples who healed by laying on hands or anointing with oil.

Furthermore, before the Christian era, Jewish support for physicians was declining due to religious distrust. Patients were treated by specialized physicians called "Rophe" who were not respected because of their

Amirhosein Farasati, Mahmoud Vaezi

involvement with magic. In any case, physical healing was not widespread among Christians until the fourth or fifth century AD. Until the third century, most of them (Christian physicians) only promised to care for the sick—and not to heal them [and they sought healing from God]. During this period, the Christian Church provided [medical and treatment] services to both Christians and non-Christians.

Around 150 to 250 AD, some Church Fathers emphasized that God teaches the art of healing to humans and that medical skills are a grace from God. However, in the late part of this period, the practices of physicians were regulated by the government of the time. Then, in the period from 150 to 300 AD, patients would spend one or two nights in the church to receive the favor of the clergy and be healed. In the late part of this period, two physician brothers were beheaded for practicing magical healing. Then, from 200 to 400 AD, medicine was generally considered a private business and was not available to the masses. Before the Christian era [i.e., the official recognition of this religion in Rome], there was no hospital building for the care and treatment of the general public in the Western world. But in the late part of this period, the first public hospital for the needy and the elderly was founded.

Religion [previously] had a profound influence on science, and between the third and eighteenth centuries AD, mental illnesses were known by terms related to demonic possession. Therefore, their treatment was carried out through exorcism. But around 370 to 550 AD, medicine was considered a material witness to divine love and mercy in the face of human suffering. But it was in the late part of this period that St. Benedict of Nursia set a rule

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

by which monks and nuns of the Church were obliged to show love to the sick. This rule became a central law in the West in the eighth century AD.

After this, in the period from 500 to 1200 AD, i.e., in the first half of the Middle Ages, medicine was taught under the supervision of the Church, which was called "Monastic medicine." Medical knowledge was taught in the twelfth century AD as part of the education of [Christian] clergy in medical schools, which were based on the teachings of Hippocrates and Galen. Also, from the sixth century onwards, many mental patients were admitted to monasteries under the supervision of the Church. However, a number of bishops expressed their opposition to the idea that the devil causes mental illnesses.

In the eleventh century AD, a Christian monk who had studied Greek and Arabic medicine founded a large medical school that separated [new] physicians from the healers of that time, as their teachings were mainly based on the theories of Galen. But during the Crusades in Jerusalem, monks were active in hospitals, and their monasteries were the main healing centers. In other words, medieval hospitals were usually associated with a church or monastery. However, due to the [increase in] non-clerical physicians from the sixth century AD [and later], medical training centers were mostly moved to monasteries and universities affiliated with the Church.

In the middle of the thirteenth century, a Franciscan monk named Bartholomaeus Anglicus wrote an encyclopedia that sought the causes of mental illnesses in natural phenomena. In fact, medieval medicine was strongly influenced by Christian myths and teachings, but it was not limited to demonology.

Amirhosein Farasati, Mahmoud Vaezi

In the period from 1200 to 1400 AD, despite the end of monastic medicine around the thirteenth century, the Church's influence on medicine continued. The monastery was replaced by the university, and the era of "Scholastic medicine" began, although some physicians were still trained in monasteries until the fifteenth century. Alongside university medical centers in the 14th and 15th centuries, which were under the supervision of Church members, secular medical schools were run by faculties of arts and law. It was during this period that the battle between science and the Church began, and the Church's condemnation of Aristotelian empiricism intensified greatly in the first half of the thirteenth century.

Another fundamental change occurred when the Church, through a decree, requested the clergy—some of whom were heavily engaged in medicine at the time—to focus on theological subjects more than on medicine and surgery. [As a result], in the early thirteenth century, senior clergy ranks were forbidden from performing surgery, and only lower ranks were allowed to do so. [However], Christian clergy were allowed to practice medicine, but not for profit. [In any case], the former law reached a point in the second half of the fifteenth century where clergy who participated in medical courses were threatened with excommunication. Therefore, medicine and surgery moved further away from religious influence.

In the thirteenth century, when the Inquisition was founded to combat heresy, it did not make a clear distinction between heresy and mental illnesses. As a result, many mental patients were abandoned in the streets and were considered a threat themselves. Then, in the period from 1400 to 1700 AD, the Black Death (plague) swept across Europe and killed a quarter of its population. In this same fifteenth century, a movement was also

The Theology of Health in the Three Abrahamic Religions: A Brief**Historical Overview**

[launched] to destroy witches—who were at that time mistaken for the growing population of mental patients—which presented the cure for [mental illnesses] as exorcism or stoning (Leviticus 20:27).

From 1400 to 1550 AD, the gap between religion and medicine widened even further; as a pious Protestant physician effectively argued against the Galenic view of anatomy in orthodox medicine, humoral pathology, and herbal treatment and proposed a chemistry-based theory. Although he believed that for medicine to be effective, the relationship between the body and the soul must be rediscovered.

In the period from 1550 to 1600 AD, John Calvin launched a reform movement according to which deacons took on the responsibility of providing spiritual comfort and physical care. Calvin also denied any miraculous healing power. But at the same time, psychology, as the science of human behavior, was born. Then, in the period from 1600 to 1700 AD, Francis Bacon, one of the founders of modern science, advocated for [the method of] experimentation, revision, and proof to remove authority and prejudice from scientific thought. He considered experience and observation to be the only cure for bias and error. [In addition to Bacon's efforts], René Descartes dissected animal bodies to show that human and animal life could be explained by physiological processes. In other words, natural theories at this time replaced religious explanations, and his followers reduced the [concept of] the eternal soul to consciousness or thought. Others, however, supported both physical and spiritual models for mental illnesses. Despite this, in the first half of the seventeenth century, the "Sisters of Charity" [association] was founded, in which Catholic nuns served in religious and secular hospitals.

Amirhosein Farasati, Mahmoud Vaezi

From 1650 to 1700 AD, John Locke, the philosopher and founder of empiricism in England, claimed that all knowledge is derived from experience and is the result of examination with the sensory organs. As the scientific revolution accelerated, a wall was built between religion, science, and medicine. The Enlightenment era began in France, and traditional religious beliefs and values were transformed. Science became equal to the way to fully explain the world, and there was no longer a need for God!

In the period from 1700 to 1800 AD, works were authored and published that presented humans as completely material and lacking a soul, which was a characteristic of the Enlightenment era. In the late eighteenth century, the French Revolution had a profound effect on medicine; almost all former medical schools were closed, and now anyone could buy a medical license and practice medicine. Thus, medicine came more under government supervision.

In the period from 1800 to 1850 AD, the treatment of mental patients was accompanied by violence and imprisonment in a deplorable environment. But blood-letting and enemas were still the main forms of treating illnesses in America. In the early part of this period, the first official nursing school was built by the Catholic Sisters of Charity in America, and three decades later, another nursing school was established in Germany by a Lutheran clergyman to train women to care for the sick.

The Second Great Awakening occurred with the revival of Protestantism, and the belief in predestination gave way to free will; that is, humans can affect their spiritual state by doing good and voluntary deeds. This movement created a powerful social force for a new treatment against mental illnesses. In this regard, some believed that a pure medical approach

The Theology of Health in the Three Abrahamic Religions: A Brief**Historical Overview**

could treat mental patients who needed psychological and therapeutic compassion. By rejecting the violent methods of the past, they proposed moral treatment, which became the first forms of psychology. As a result, in contrast to the idea of mental illness as the devil's dominance [over the patient], these illnesses were recognized as a type of physical illness that required compassion and humane treatment.

In the mid-nineteenth century AD, Bernadette Soubirous, [a Christian nun], reported a revelation [of seeing the Virgin Mary], and the city of Lourdes in France became a healing pilgrimage site that millions visit annually. But in the 1860s, Florence Nightingale, who had received nursing training at the Deaconesses' Institute, founded her own nursing school in London. Then, in the second half of the nineteenth century, some biologists were staunch supporters of Darwin's theory of evolution and were opposed to religion, and it was at this time that the explicit conflict between religious tradition and modern medicine began. However, during this period, others claimed that the mind is capable of physical healing through prayer, and their efforts ultimately led to the publication of the Christian Science Monitor in the early twentieth century.

But after the discovery of the germ theory of disease by Louis Pasteur, organic causes for mental illnesses were sought, although they were only identifiable in limited cases. But at the same time, religious healing was also gaining new life. After this, from 1890 to 1915 AD, some sociological and psychological studies of religion emphasized its effect on health and healing, and movements began to link religion and medicine. Also, from 1950 to 1980 AD, separate studies on the relationship between religion and health emerged, although the study of religion was rejected by the dominant

Amirhosein Farasati, Mahmoud Vaezi

stream of scientists—especially psychologists. However, the "Journal of Religion and Health" was launched in the early 1960s.

Finally, from 1990 to 2000 AD, curricula and research centers for religion and health began to operate at a number of American universities. In addition, studies on religion, spirituality, and health were increasingly published in behavioral science and medical journals. Also, by the end of this century, almost half of the American universities were offering courses related to religion, spirituality, and medicine, a number that reached ninety percent of these centers within a ten-year period.

In conclusion, it can be said that in the mid-1980s, special attention to the relationship between religion or spirituality and health became apparent, and articles related to this topic saw a growing increase (Koenig, 2005: 3875). Although the progress of medical and psychiatric knowledge led to sharp and confrontational encounters with religion at a certain period of history—especially in the twentieth century AD—studies and research conducted to measure the effect of religion or spirituality on mental and physical health proved the positive effect of religion and spirituality [on mental and physical health] and convinced some opponents to admit this fact (Marashi, 2004 AD/1383 SH).

3. Islamic Theology of Health

Like the two Jewish and Christian religions, Islam was not a stranger to health and healing. In fact, throughout history, a clear connection has been established between its followers and the issue of their health. One of the proofs of this claim is the high volume of medical narratives and works attributed to the Prophet's household (Ahl al-Bayt) (AS), which shows that

The Theology of Health in the Three Abrahamic Religions: A Brief

Historical Overview

the health of human society and the treatment of individuals was undoubtedly not unimportant to them, but rather, it seems that health and healing were considered one of the roles of the religion of Islam. Similarly, Muslims also had a similar perception of this issue and would often resort to the saints of the religion for the healing of their illnesses. In any case, this section of the research deals with the subject of the Islamic theology of health and provides a brief overview of the history of medicine in the Islamic world.

Regardless of what some historians have provided about medicine before the advent of Islam (cf. Ali, 2001 AD/1422 AH: 16, 14-52), translation played a fundamental role in the formation of the Islamic medical tradition. This was so widespread that by the third century AH, all available Greek medical texts had been translated into Arabic. Thus, Islamic medicine was mainly the continuation and development of the Greek medical tradition. In fact, the influence of Greek medicine on Islamic medicine was very significant, and examples of it can be found not only in the works of physicians like Razi and Ibn Sina but also in the treatises known as the Prophet's Medicine (Pormann & Savage-Smith, 2007: 23).

Translation, which was scarce and limited before the second half of the second century, became more available during the reign of Ma'mun and the establishment of the "House of Wisdom," and individuals such as *Hunayn ibn Ishāq* and his son *Ishāq* and his son *Hubaysh* were engaged in translating medical texts. These efforts not only enriched scientific terms in the Arabic language but also led to its development and transformation into a scientific language (Ullmann, 1978: 8-10).

Amirhosein Farasati, Mahmoud Vaezi

It is noteworthy that although Greek medical theory provided the ground for the growth of Islamic medicine, other traditions were not without influence on this path. For example, in the first centuries, Syriac and Pahlavi medical texts were also of special importance. In fact, just as Syriac was a medium for translating Greek texts into Arabic, the Pahlavi language played a similar role in the Arabization of Indian medical texts. In addition, a number of Chinese medical texts were also translated into Arabic at a later time (Pormann & Savage-Smith, 2007: 35).

Based on this data, some consider Islamic medicine to be the same medical science that was established as a result of the translation of Greek works and continued to grow with the critique and completion of Muslim scholars and was expanding until before the Mongol invasion. But others consider Islamic medicine to be the few verses and many narratives that they believe are capable of being organized into a complete medical system (Masoudi, 2019 AD/1398 SH: 86). Of course, it should also be noted that due to the prevalence of the Arabic language in Islamic lands, many scholars wrote their works in this language. Therefore, the term "Islamic medicine" is not confined to the works of Muslims alone (Pormann & Savage-Smith, 2007: 2); it also includes the works of non-Muslim physicians and healers who wrote in Arabic.

In addition to these, one of the important aspects of the history of Islamic medicine is its influence on Europe, which formed the roots of modern Western medicine. Just as the scientific medical sources of Rome and Greece nurtured the body of Islamic medicine, this medicine itself became the core of medical education in the late Middle Ages and the early era of modernism in Europe. Of course, contrary to the traditional stereotype,

The Theology of Health in the Three Abrahamic Religions: A Brief**Historical Overview**

medieval Islamic medicine was not a mere channel for the transfer of Greek knowledge [to modern Europe] but a medium for innovation and transformation. Of course, the period of Islamic medicine, which spanned about nine centuries from Spain in the west to India in the east of the Islamic world, saw many changes and was not always the same. Rather, many factors influenced Islamic medicine and the public health of Muslims, including the rulings on food and fasting, various climatic conditions, different types of lives, the economic status of individuals, the volume of travels and pilgrimages, the care of slaves, war injuries and traumas, and the plague and other pandemics (Pormann & Savage-Smith, 2007: 1-2).

But apart from the medical knowledge derived from non-religious texts and developed based on human experiences, a part of the Islamic sacred texts—like the Jewish and Christian teachings—also includes matters related to human health and his treatment. As the most honorable and valuable Islamic text, the Holy Quran generally contains some discussions related to human health. For example, verses such as: "Forbidden to you are carrion, and blood, and the flesh of swine" (al-Mā'idah: 3) warn against forbidden foods. Verses like: "And it is He who subjected the sea for you to eat from it tender flesh" (al-Nahl: 14) recommend a category of foods whose properties are proven in laboratory research (Masoudi, 2019 AD/1398 SH: 88-90). In addition, one can mention verses like: "Indeed, the hearing, the sight, and the heart - about those entire one, will be questioned" (al-Isrā': 36) which mention human anatomy; or verses that refer to some physical illnesses like: "And my wife was barren" (Maryam: 5) or mental ones like: "And they say: "He is indeed a madman!" (al-Qalam: 51). Furthermore, in several verses such as: "Then We created the sperm-drop

Amirhosein Farasati, Mahmoud Vaezi

into a clinging clot, and We created the clinging clot into a lump of flesh, and We created from that lump of flesh bones" (al-Mu'minūn: 14) it discusses the stages of fetal creation; or there are verses that use terms related to health and healing such as: "They said: "By Allah! You will not cease to remember Yusuf until you become thin from grief or become of the decrepit" (Yūsuf: 85) (Parvizi, Zarei, & Jaladat, 2018 AD/1397 SH: 200-203).

In addition to the few holy verses of the Quran that are seen in medical literature, there is a vast number of hadiths attributed to the Messenger of God (PBUH) and the impeccable Imams (AS) that are considered a great legacy of Islamic medicine. These hadiths, which are referred to as medical narratives, are generally divided into two categories: medicine of the body and medicine of the soul (Nasiri, 2008 AD/1387 SH: 95) and are mostly categorized into six groups based on their content (Masoudi, 2019 AD/1398 SH: 93-96):

1. Etiquette of life: Such as this hadith: "When one of you sits down to eat, let him sit like a servant..." (Barqī, 1951 AD/1371 AH: 2, 442) which refers to the manners of sitting at the table.
2. Hygiene: Such as the hadith: "He who washes his hands before and after eating shall live in comfort..." (Ibn Qutayba, 1997 AD/1407 AH: 3, 263; Kulaynī, 1987 AD/1407 AH: 6, 290) which is an acceptable recommendation even with some weakness in its chain of transmission.
3. Prevention: Such as the hadith: "Eating when full causes leprosy" (Ibn Bābawayh, 1956 AD/1376 AH: 543; Makkī, 2005 AD/1426 AH: 2, 283) which warns against overeating.

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

4. Anatomy and Physiology: Narratives that describe the organs and their functions in the human body; such as: "Hair was placed on top of him [the head] so that fats could reach the brain through it." (Ibn Bābawayh, 1942 AD/1362 AH: 2, 512).
5. Properties of foods: Narratives that speak of the benefits of various foods; such as: "You must have milk, for it grows flesh..." (Barqī, 1951 AD/1371 AH: 2, 249)
6. Treatment: A number of medical narratives recommend the consumption of certain foods for the treatment of diseases; such as: "Indeed, fresh plums extinguish heat..." (Kulaynī, 1987 AD/1407 AH: 6, 359)

In addition to these six categories, other narratives are also related to medical and health issues but do not fall into the category of health and treatment. Such as narratives related to medical rights which determine the physician's responsibility and have a jurisprudential aspect, not a healing one. Or narratives related to medical ethics which deal with the etiquette of medicine and speak of the way a physician interacts with a patient; also, narratives that explain the rewards of illness (the rewards of enduring sickness) and explain the rewards of patients, nurses, and visitors (Bagheri, 2019 AD/1398 SH: 169-170). These narratives are also accompanied by medical terms, although they do not enter the field of health and treatment.

Regarding medical narratives, it should be noted that a large part of them is dedicated to supernatural and metaphysical treatments. This matter, which emphasizes the importance of this type of treatment from the perspective of the religious leaders, can be introduced in three categories: First, supplications and litanies that have been recommended by the impeccable

Amirhosein Farasati, Mahmoud Vaezi

Imams (AS) for the prevention or treatment of diseases; second, amulets, charms, and incantations that have a religious theme and are carried by individuals in the form of writings to become their healer. Third, the recommendation of righteous deeds such as sacrifice, charity, or other ritual acts of worship those are called healers of physical illnesses and are sometimes accompanied by material treatments (Mirhosseini, 2017 AD/1396 SH: 61-63).

Medical hadiths, coinciding with the process of hadith compilation in the Islamic world—from the second century AH—found their way into narrative collections and dedicated chapters to themselves in the most important Shiite and Sunni works (cf. Mehrizi, 2006 AD/1385 SH: 37-44). Based on the results of historical studies, the focus on medical hadiths occurred during the prevalence of *Akhhbārī* movements. In other words, in the third to fifth centuries, when the companions of hadith were able to gain power in academic circles, medical works such as "*Nawādir al-Ṭibb*" by Shaykh Ṣadūq and "*Ṭibb al-Nabīy* (PBUH)" by *Mustaghfirī* were created. This was while the *Uṣūlī* (rationalist) scholars refrained from entering the topic of medicine and did not consider a field like jurisprudence to be a suitable ground for it. But with the renewed dominance of the *Akhhbārīs* in the late Safavid era, we see the authorship of narrative medical works such as "*Abwāb al-Ṭibb*" in the great collection of *Biḥār al-Anwār* by ‘Allāmah *Majlisī* (Pakatchi, 2017 AD/1396 SH: 20-21).

But finally, in the contemporary era, various encounters with the three categories of modern, traditional, and Islamic medicine are seen. These encounters can be divided into at least six general approaches (Arzaei & Gerami, 2018 AD/1397 SH: 2, 459-477):

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

1. The movement opposing traditional and Islamic medicine: This group sees no interaction between religion and medicine and considers only modern medicine, which proceeds by the evidence-based medicine method, to be valid.
2. The Islamic/narrative medicine movement: The followers of this group are fiercely hostile to modern medicine and seek medicine only in the narratives attributed to the Ahl al-Bayt (AS). They have a special inclination toward *Akhbārism* and believe in the existence of a complete medical system in the works known as "*Tibb al-Nabīy* (PBUH)" and "*Tibb al-A'imma* (AS)."
3. The movements inclined toward Islamic medicine: Four categories can be mentioned here:

The first group is the Islamic-Traditional medicine movement, which is pessimistic about modern medicine. They consider traditional medicine to be the legacy of the great prophets (AS) and use it to complete Islamic medicine where it does not conflict with the statements of the Messenger of God (PBUH) and the Imams (AS).

The second group is the Islamic-Modern medicine movement, but they are pessimistic about traditional medicine. They are mostly university-educated in medical fields and try to purify modern medicine from Western culture with the help of Islamic teachings.

The third group, unlike the second, is optimistic about traditional medicine. They consider all three mentioned categories to have capacities for human health and do not deny the need to refine and purify them.

Amirhosein Farasati, Mahmoud Vaezi

The fourth group accepts Islamic medicine with an emphasis on the holy verses of the Quran and prescribes for the health and treatment of individuals from the Book of Allah.

4. The movement inclined toward traditional medicine with an emphasis on Islamic teachings: This group can be considered followers of the views of Muslim sages and physicians who believe that they also used Islamic narratives for matters related to human health. Of course, some of them call Islamic medicine the same as Iranian traditional medicine and emphasize the influence of Iranian physicians on this medicine.
5. The eclectic movement of scientific miracles: Although this group has no role in medical practice, they emphasize Quranic or narrative teachings that are consistent with a number of contemporary researches in the field of health and healing and consider them a confirmation of the correctness of religious knowledge.
6. Interdisciplinary studies of medicine and religion: Although this group is still at the beginning of its path and has not become an independent scientific movement, it emphasizes foundational and methodological discussions on the current topic. The characteristics of this approach include special attention to epistemological discussions, systematic comparative-clinical studies, and attention to the authenticity of religious reports. Therefore, the followers of this movement seek to explain the relationship between Islam and medicine based on religious sciences and epistemology and to achieve a model for the interaction of these two fields.

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

The works of the latter approach—which have a longer history in the Western world before entering Iranian academic circles—fall into three main categories. The beginning of this approach can be seen in the research conducted on the topic of health in Judaism and Christianity, which studied the health propositions of the two Testaments through historical and phenomenological investigations and wrote them down in religion-centric encyclopedias. After this, a number of research journals entered the field of religion and health and continued their activities with a positive view of the matter. The third category sometimes critically examines the dimensions of religion and health studies and delves into their complexities (Ba‘azm, 2019 AD/1398 SH: 13-15).

4. Health Theology of Abrahamic Religions at a Glance

What was discussed earlier was a brief overview of the history of the relationship of the three celestial religions—Judaism, Christianity, and Islam—with the health of their followers. In short, an unbreakable bond can be observed between religion and health, as numerous historical, literary, and medical sources attest to it (Hatami, 2015 AD/1394 SH: 3). Even more, a similar relationship can be witnessed in early tribes and religions; they did not distinguish between a priest and a healer and considered a similar function for both (Spencer, 1896: 185-186). Even in ancient Iran, the connection between health and the Zoroastrian religion has been reported (cf. Gignoux, 2003). The fact that the word "Pezeshk" (physician) in ancient Persian is derived from the meaning of chanting and performing a special ritual is another proof of this claim (Pakatchi, 2022 AD/1401 SH).

Amirhosein Farasati, Mahmoud Vaezi

Based on this, it can be said that the belief in divine intervention in human health has been present among all religions and beliefs and has less to do with their theological views—i.e., monotheism, dualism, trinity, or pluralism (Hezser, 2023: 7). As reported earlier, such a belief has been evident throughout human history, and medicine has never been separated from the category of religion. However, the Renaissance era caused a rift between these two fields and after the French Revolution at the end of the eighteenth century, medical science moved further away from the influence of religion. Although many hospitals in Europe and America maintained their dependence on the support of religious institutions, with the expansion of knowledge in the second half of the nineteenth century, the separation between medicine and religion became definitive, and religion was considered irrelevant to the scientific field of healthcare and even its enemy (Koenig, 2005: 3875).

What can be stated in the end is that today, modern Western societies are witnessing a new approach to the two fields of religion and health and are trying to rebuild their weakened connection and benefit from this auspicious bond. Therefore, they have engaged in laboratory studies on the effects of religion and spirituality on physical and mental health and are publishing their findings in reputable scientific journals to gain acceptance in academia and contribute to the advancement of the interdisciplinary field of the theology of health. This research field, which has a not-so-long history in Western academic circles, has gradually entered the context of Islamic countries and is leading them toward similar studies.

Conclusion

The Theology of Health in the Three Abrahamic Religions: A Brief Historical Overview

The present research was an attempt to study the theology of health in the Abrahamic religions, which showed that:

- Jewish scholars believe in a close relationship between their religion and human health. In their view, according to the teachings of the Talmud, medicine has always held a special place among the followers of this religion, and it is this attention to medical recommendations that has preserved this small population throughout history. On the other hand, many Jewish clergy have been engaged in the medical profession and have authored numerous works on Jewish medicine.
- Early Christians sought healing in prayer and other religious rituals and looked to the disciples of Jesus Christ for healing. Hospitals and medical training centers were initially established by the Church, and no one but the Christian clergy was engaged in medicine. This trend continued until the sixth century AD when some Christians, with the help of ancient Greek medicine, began to oppose religious medical teachings, and their conflict with the Church escalated. They were finally able to remove religion from the field of health during the Enlightenment and replace it with secular medicine.
- Despite the fact that the beginning of medicine in the Islamic world is attributed to the translation of mainly Greek and Syriac works in the second century AH, a counter-current known as Islamic medicine can always be observed throughout Islamic history, either in opposition to or in interaction with the secular medical movement. The main source of the former current is the high volume of medical narratives attributed to the religious leaders. The acceptance or

Amirhosein Farasati, Mahmoud Vaezi

rejection of these narratives has led to many discussions among Muslim scholars and has attracted various groups of followers today.

- A study of the history of human religions indicates that people have always seen a close connection between the two categories of religion and health. In other words, the belief in the dependence of an individual's well-being on divine matters can be observed in almost all human traditions. However, the Renaissance era caused this connection to weaken and be forgotten, although in the last half-century, a renewed return to the study of the relationship between religion and health has emerged in Western academia, forming a new body of literature called the theology of health.

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